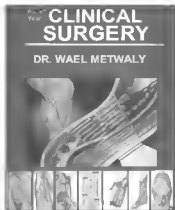
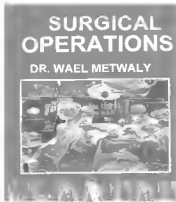

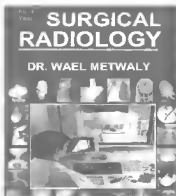


REVISION 4

VENOUS & LYMPHATICS

SKIN & S.C. TISSUE

BY DR. WAEL METWALY

<p>★ Clinical</p>  <ul style="list-style-type: none"> - Varicose vein - Venous ulcer - Lymphodema - Lymphadenopathy - Lipoma - Dermoid cyst - Rodent ulcer 	<p>★ Operative</p>  <ul style="list-style-type: none"> - Operations for varicose vein - Management of cold abscess
<p>★ Jars</p>  <ul style="list-style-type: none"> - Squamous cell carcinoma of the hand 	<p>★ X-rays</p>  <ul style="list-style-type: none"> -

EXAMS

- A. Anatomy
- B. Written Questions
- C. Cases

A. ANATOMY

2003	➤ Describe anatomy of long Saphenous vein	(12 Marks) نور ثانی
2009	➤ Describe anatomy of Carpal tunnel	(5 Marks)

B. WRITTEN QUESTIONS

Venous Disorders

2001

- Mention pathology, C/P of (D.V.T.)

(10 Marks)

2002

- Discuss **Deep Venous Thrombosis (D.V.T.)**

(20 Marks) دور ثانی

2003

- Mention Aetiology & diagnosis of (D.V.T.)
➤ Discuss C/P & DD of **Varicose ulcer**

(12 Marks) دور ثانی

(12 Marks) دور ثانی

2004

- A 25 years old female who had recent delivery presented with pain & swelling of the left lower limb. Her vital signs were normal. **What is the management.**

(20 Marks)

2006

- A 25 years old female who had recent delivery presented with pain & swelling of the left lower limb. Her vital signs were normal. **What is the management.**

(20 Marks)

2007

- Discuss factors, C/P , complications & investigations of (D.V.T)

(20 Marks)

2008

- Discuss DD of **Leg ulcers**

(5 Marks) دور ثانی

2009

- Male patient has history of pain in leg extend from knee to below , the calf muscle is firm & tender. No history of trauma.

What is the management.

(20 Marks) دور ثانی

Lymphatic Disorders

2000

- Discuss Aetiology & path. of **Chronic lymphatic obstruction**

(15 Marks) دور ثانی

2001

- Discuss C/P & Treatment of **T.B. Lymphadenitis**

(10 Marks)

2003

- Enumerate the causes of **Lymphodema**

(9 Marks) دور ثانی

2006

- Discuss Pathology of **T.B. Lymphadenitis**

(10 Marks) دور ثانی

Skin & S.C. Tissue

2000➤ Discuss Aetiology & pathology of **Rodent ulcer****(10 Marks)****2001**➤ Discuss C/P & Treatment of **Squamous cell carcinoma**.**(10 Marks)** دور ثانی**2002**➤ Discuss Aetiology & pathology of **Rodent ulcer****(12 Marks)****2003**➤ Discuss DD of **Ulcers of the face****(10 Marks)****2004**➤ Discuss C/P, investigations & ttt of **Carpal Tunnel Syndrome****(12 Marks)****2005**➤ Discuss **Basal Cell Carcinoma****(10 Marks)****2006**➤ What is the Treatment of a **Capillary Haemangioma**
(**Strawberry**) in an infant one year old**(10 Marks)** دور ثانی**2007**

- Discuss **Basal cell carcinoma** of the face
- Discuss DD of **Ulcers of the face**
- Discuss complications of **Sebaceous Cyst**

(10 Marks) دور ثانی**(5 Marks)****(5 Marks)****2008**➤ Enumerate different types of **Lipoma****(5 Marks)** دور ثانی

CARPAL TUNNEL SYNDROME

★ SURGICAL ANATOMY

Carpal Tunnel is formed by the Flexor Retinaculum over the carpal bones, it transmits the long flexor tendons & the median nerve, **but** the palmar cutaneous branch of median nerve passes on the Flexor Retinaculum, **so** it is spared in this syndrome.

★ CAUSES

- Rheumatic Arthritis.
- Myxoedema, Pregnancy
(due to increase tissue fluid deep to Flexor Retinaculum)
- Colle's fracture

- ## ★ PATHOLOGY
- Manifestations are due to compression of blood supply of median nerve
→ **Ischaemic neuritis.**



★ CLINICAL PICTURE

- **Type of patient:** Middle aged female.
- **SYMPTOMS:**
 - **Pain** : In the distribution of the median nerve in the hand, relieved by hanging the hand over the edge of the bed.
 - **Wasting** of Thenar muscles
 - **Anaesthesia** over the lateral 3 ½ fingers.
- **SIGNS:**
 - Slight tenderness over the carpal tunnel by percussion.
 - Increase pain if fingers & wrist are held fully flexed for few minutes

★ INVESTIGATIONS

Nerve conduction study on median nerve shows delay at the carpal tunnel

★ TREATMENT

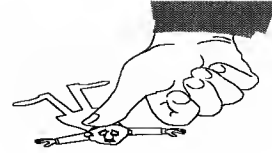
- **Mild** → Anti-inflammatory + Corticosteroids.
- **Severe** → Surgical spiting of the Flexor Retinaculum..

III- ULCERS OF THE FACE

Classification:

<i>Ulcerating Infective Lesions</i>		<i>Ulcerating Tumors</i>
<i>A. Non-Specific</i>	<i>B. Specific</i>	
1. Chronic Non-specific ulcer. 2. Infected Sebaceous cyst. 3. Molluscum Sebaceum.	1. Tuberculosis (TB). 2. Syphilis (S). 3. Leishmaniasis. 4. Leprosy. 5. Actinomycosis. 6. Anthrax.	1. Rodent Ulcer (BCC). 2. Epithelioma (SCC). 3. Malignant Melanoma. 4. Metastatic Mass Ulceration 5. Infiltrating deeply-seated tumor which invades the skin & ulcerates.

C. CASES



Case [34] (D.V.T)

A 25-years-old female patient who had recent delivery presented with pain & swelling of the lt. lower limb. Her vital signs were normal. Examination of the affected limb reveled generalized swelling & tenderness extending to the thigh.

(2004 – دور أول – Kasr)

(2006 – دور أول – Kasr)

- What is the management

Case [35] (D.V.T)

A 60-year-old male presented to hospital with a history of prolonged high fever. He was hospitalized for 3 weeks. He is complaining of pain & swelling of the Rt. Lower limb On examination he had stable vital signs, regular pulse, swollen leg, tender calf muscle & both dorsalis pedis & posterior tibial pulses were normally felt.

(2006 – دور أول – 6 Oct.)

- What is your provisional diagnosis .
- What is investigations would you order
- What is the management

Case [36] (D.V.T)

Male patient has history of pain in leg extend from knee to below , the calf muscle is firm & tender. No history of trauma.

(2009 – دور ثانی – Kasr)

- What is the management

بسم الله
GOOD LUCK

Dr. WAEL